

S. No. 2
M-5-42
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Rose 9676
State File No. _____
Registrar's No. 227

FILED MAR 30 1945
Registration District No. _____

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution **806 Lincoln**
(d) Length of stay: In hospital or institution **None**
In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(d) Street No. **806 Lincoln**
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME **Joseph William Knox**
3. (b) If veteran, name war **Unknown**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **15**, year **1945** hour **3:00** minute **P.** M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mrs. Nannie E. Knox**
6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **July 27, 1856**

21. I hereby certify that I attended the deceased from **Feb. 22**, 1945, to **Mar. 15**, 1945, that I last saw him alive on **Mar. 13**, 1945, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	88	7	18	hr. min.

Immediate cause of death **influenza**

9. Birthplace **Greene County, Missouri**
10. Usual occupation **Merchant**
11. Industry or business **Household Appliance Store**

Duration
Due to **33h**
Due to _____
Other conditions **infirmities of age.**
(Include pregnancy within 3 months of death)

MOTHER FATHER
12. Name **John Greer Knox**
13. Birthplace **Unknown Tennessee**
14. Maiden name **Elizabeth Locke**
15. Birthplace **Unknown Tennessee**

PHYSICIAN
Major findings:
Of operations **None**
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. J. Guy Knox**
(b) Address **Springfield, Missouri**
17. (a) **Burial** (b) Date thereof **March 18, 1945**
(c) Place: burial or cremation **Hazelwood Cemetery**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**
19. **3-20-45** (b) **Dr. W. S. Havelley**
(Date received local registrar) (Registrar's signature)

(Specify type of place) While at work _____ (e) Means of injury _____
23. Signature **E. C. Roeders** M. D. or other _____
Address **618 Woodruff Bldg.** Date signed **3/20/45**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

7
2
8

984

SP8, MO.

W

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Lewis J. Scherpf*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.